

State of Minnesota

County of _____

District Court

Judicial District
Probate / Mental Health Division
Court File No. _____
Case Type: 14, Conservatorship

In Re: Conservatorship of
_____,
Protected Person

☐ _____ **ANNUAL**
ACCOUNT or
☐ **FINAL ACCOUNT**

For Period Ending: _____
Date of Appointment: _____

The annual account is summarized on these first two pages. Pursuant to General Rule of Practice for District Courts, Rule 11, restricted identifiers and financial source documents are confidential. See Forms 11.1 and 11.2. Do not list financial account numbers or social security numbers on this form. List such information on Form 11.1.

Assets and Income	Amount	Deductions and Expenses	Amount
1. Beginning Balance: Total Class II property from Inventory for the first annual account, or the balance of personal property assets on hand per the last annual account			
2. Other income		1. Bond premiums	
3. Social Security		2. Attorney fees	
4. Pension /VA Benefits		3. Accrued attorney fees	
5. Interest income		4. Conservator fees	
6. Dividend income		5. Accrued conservator fees	
7. Proceeds from sale of assets		6. Taxes	
8. Assets omitted from inventory		7. Rent / Mortgage	
9. Refunds		8. Inventory value of asset sold	
10. Other increases		9. Other decreases	
Total Assets and Income		Total Debts and Deductions	

Total Assets and Income	
Less: Total Debts and Deductions	()
Total Personal Property Assets on Hand: (This should equal the total personal property assets on hand, below)	

Description of Assets on Hand Do not list financial account numbers here; list confidential information on Form 11.1	Value
1. Bank Account (include verification form 15-UVF)	
2. Stocks (include verification form 15-UVS)	
3.	
4.	
5.	
6.	
7.	
Less: accrued attorney fees and accrued conservator fees	()
Total Personal Property Assets on Hand <i>(This total must match total personal property assets on hand, above)</i>	

1. Tangible personal property ____ was / ____ was not, disposed of during the year.
 2. Real estate ____ was / ____ was not, disposed of during the year.
(If real estate is sold during the year you must attach a closing statement to this account)
 3. The conservator represents that there is/are on file and in force the following bond(s) (list the name and address of each bonding company and the amount of each bond):

 4. The protected person's current address and phone number is: _____

 5. ☐ I have never been removed for cause from serving as a conservator or guardian.
OR
☐ I have been removed for cause from serving as a conservator or guardian and the court location and court file number are: _____

 6. The following changes have occurred that affect the accuracy of information contained in the most recent criminal background study conducted under Minn. Stat. § 524.5-118: _____

- (Describe changes or write N/A if no changes have occurred)*

7. Pursuant to Minn. Stat. § 524.5-102, subd. 13a, a “professional guardian” or “professional conservator” means a person acting as guardian or conservator for three or more individuals not related by blood, adoption, or marriage. *(check boxes below if applicable)*

☐ I am a professional conservator according to the above definition.

☐ My answer to the above question reflects a change in my professional status since my last report to the court for this case.

8. ☐ I have received the following amount of reimbursement for services rendered to the protected person in the past year and this amount was not reimbursed by county contract:
\$ _____

9. I can be contacted at:

a. Telephone number: _____

b. Address: _____

(List street/service address only; PO Boxes not acceptable)

10. CHOOSE ONE OF THE FOLLOWING:

☐ The conservator does not request a hearing to examine, settle, and allow this Account.

☐ The conservator requests a hearing to examine and, settle, and allow this Account.
(Additional service requirements apply – page 4 must be completed)

☐ This is a Final Account and the conservator requests to be discharged from its duties and that the conservator's surety, if any, be discharged.
(Additional service requirements apply – page 4 must be completed)

Note: A hearing is required:

*If this is a final account

*If it has been five years since the last account was heard and allowed, See Minn. Gen. R. Prac. 416 (but note that Ramsey County and Hennepin County require a hearing after the first annual account and every third year thereafter; also note accounts of \$20,000 or less may be waived by the court)

The Annual Account must be completed by the conservator and filed with the court. If not filed within 60 days after the anniversary date of the appointment as conservator, the court shall issue an order to show cause.

AFFIDAVIT OF SERVICE

State of Minnesota)
)
County of _____)

_____, states the following:

☐ that a copy of the Account and Notice of Rights to Petition for Restoration to Capacity and Other Relief has been given to the Protected Person and to interested persons of record with the court.

OR

☐ that a copy of the Notice of Rights to Petition for Restoration to Capacity and Other Relief has been given to the Protected Person and to interested persons of record with the court.

The Protected Person was served ☐ by mail or ☐ personally with the ☐ Account ☐ Annual Notice of Rights to Petition on _____ (date). The present address and telephone number of the Protected Person is _____

The following interested persons of record with the court were served at the location listed with a copy of the ☐ Account ☐ Annual Notice of Rights to Petition: *(attach additional sheets if necessary)*

Name: _____

Address _____

Served ☐ by mail or ☐ personally on _____ (date)

Name: _____

Address _____

Served ☐ by mail or ☐ personally on _____ (date)

Name: _____

Address _____

Served ☐ by mail or ☐ personally on _____ (date)

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated: _____

Signature of Conservator

Name: _____

Address: _____

City/State/Zip: _____

Telephone: (_____) _____

E-mail address _____

FILE THE ORIGINAL ANNUAL / FINAL ACCOUNT AND THIS AFFIDAVIT OF SERVICE WITH THE COURT

State of Minnesota

County of _____

District Court

Judicial District
Probate / Mental Health Division
Court File No. _____

Case Type: 14, Conservatorship

In Re: Conservatorship of
_____, Protected Person

**CONSERVATORSHIP ACCOUNT
CONFIDENTIAL FINANCIAL
SOURCE DOCUMENT
(also known as Form 11.2)**

(Provided in Accordance With Rule 11 of the Minnesota
General Rules of Practice)

THIS FORM LISTING CONFIDENTIAL FINANCIAL SOURCE DOCUMENTS IS ACCESSIBLE TO THE PUBLIC BUT THE FINANCIAL SOURCE DOCUMENTS SHALL NOT BE ACCESSIBLE TO THE PUBLIC EXCEPT AS AUTHORIZED BY COURT RULE OR ORDER

- ☐ Bank statements
Periods covered: _____
- ☐ Credit card statement
Periods covered: _____
- ☐ Verification of Funds on Deposit
- ☐ Verification of Stocks and Other Securities
- ☐ Other: _____

Information supplied by: _____

Dated: _____

Name of Conservator's Attorney:

Name: _____

License No.: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail address _____

State of Minnesota

County of _____

District Court
Judicial District
Probate / Mental Health Division
Court File No. _____

Case Type: 14, Conservatorship

In Re: Conservatorship of
_____, Protected Person

**CONSERVATORSHIP ACCOUNT
CONFIDENTIAL INFORMATION
FORM**

(also known as Form 11.1)
Minn. Gen. R. Prac. 11.02

**The information on this form is
confidential and shall not be placed
in a publicly accessible portion of a file.**

NAME	SOCIAL SECURITY NUMBER	BANK ACCOUNT NUMBERS	OTHER FINANCIAL ACCOUNT NUMBERS
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____

* Add supplemental information if needed

Information supplied by: _____

Dated: _____

Name of Conservator's Attorney:

Name: _____

License No.: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail address: _____

State of Minnesota

County of _____

District Court

Judicial District

Probate / Mental Health Division

Court File No. _____

Case Type: 14, Conservatorship

In Re: Conservatorship of

_____,
Protected Person

**Verification of Funds on Deposit
By Financial Institution**

(File as a Financial Source Document with Form 11.2)

To: Name and Address of Financial Institution:

I am the court appointed conservator in this matter and your financial institution has funds on deposit for the above named protected person. Please provide me with verification of the accounts listed below as of the following date: _____ by completing and signing the bottom portion of this form and affixing your official bank seal.

Dated: _____

Signature of Conservator

Conservator's name and address:

Verification of Funds on Deposit by Financial Institution

I certify that the foregoing amounts were on deposit as shown by the records of this financial institution listed below. The accounts listed below were accurate as of this date: _____

Account Information:

Type of Account	Account Number	Depositor Account Title	Interest Earned	Current Rate of Interest	Current Balance (including interest)

By: _____
SIGNATURE OF CERTIFYING FINANCIAL INSTITUTION OFFICIAL

DATE

Title of Certifying Official
(Please affix official bank seal on this form)

State of Minnesota

County of _____

District Court

Judicial District

Probate / Mental Health Division

Court File No. _____

Case Type: 14, Conservatorship

In Re: Conservatorship of

Verification of Stocks and Other Securities

By Broker / Financial Advisor /

Financial Institution

_____,
Protected Person

(File as a Financial Source Document with Form 11.2)

To: Name and Address of Broker / Financial Advisor / Financial Institution:

I am the court appointed conservator in this matter and you and/or your financial institution has stocks and other securities for the above named protected person. Please provide me with verification of the assets listed below as of the following date: _____ by completing and signing the bottom portion of this form and affixing your official seal.

Dated: _____

Signature of Conservator

Conservator's name and address:

Verification of Funds on Deposit by Financial Institution

I certify that the foregoing stocks and other securities were on deposit as shown by the records of this financial institution listed below. The stocks and other securities listed below were accurate as of this date: _____

Account Information:

Number of Units/Shares	Name of Stock or Account Title

Note: Attach a separate sheet if more space is needed to list account information / remarks.

By: _____

SIGNATURE OF CERTIFYING
BROKER / FINANCIAL ADVISOR /
FINANCIAL INSTITUTION OFFICIAL

DATE

TITLE OF CERTIFYING OFFICIAL

(Please affix official seal on this form)

State of Minnesota

District Court
Probate Division

County of _____

Judicial District: _____

Court File No. _____

Case Type: 14, Conservatorship

In Re: Conservatorship of

**Annual Notice of Right to Petition for
Restoration to Capacity and Other Relief**

Minn. Stat. § 524.5-409(e)

_____,

Protected Person

To: _____ Protected Person

You have a right to ask the Court to end or modify the conservatorship, or for any order that is in your best interests or for other appropriate relief, by filing a petition with the Court explaining why you believe the conservatorship should end, be modified, or why other relief is needed.

If you wish to have a different conservator then you must file a petition for removal of the conservator, explaining why you believe the present conservator should be removed.

To petition the court you may call the Probate Court Monday through Friday between 8:00 a.m. and 4:30 p.m. and ask that a form be sent to you, pick up the proper form at the Court, or access forms from the court's public website at www.mncourts.gov/forms. The phone number and address of the Court is: _____

After a petition is filed the Court will schedule a hearing. You have the right to be present at that hearing and to have a lawyer represent you. If you cannot afford a lawyer, the Court will appoint one for you. You may call the Court to request a Court appointed attorney.

THIS NOTICE MUST BE SERVED ANNUALLY ON THE PROTECTED PERSON AND INTERESTED PERSONS OF RECORD WITH THE COURT WITHIN THIRTY DAYS AFTER THE ANNIVERSARY OF THE APPOINTMENT OF THE CONSERVATOR. AN INTERESTED PERSON MAY NOTIFY THE COURT IN WRITING THAT THE INTERESTED PERSON DOES NOT WISH TO RECEIVE COPIES OF ANNUAL REPORTS AS REQUIRED BY LAW.

Dated: _____

Signature of Conservator